

**Utah Insurance Department  
Life Settlement Antifraud Plan  
Content Checklist and Certification**

COMPANY NAME: \_\_\_\_\_

**INSTRUCTIONS:** This checklist is to be completed and attached to the cover of your Antifraud Plan. Carefully review the provisions in your Antifraud Plan and compare them with each required provision listed. If the provision complies, initial each line to verify compliance.

\_\_\_\_\_ 1. Description of the procedures for detecting and investigating possible violations of Section 31A-36-113.

\_\_\_\_\_ 2. Description of the procedures for resolving material inconsistencies between medical records and applications for insurance.

\_\_\_\_\_ 3. Description of the procedures for reporting possible violations to the commissioner.

\_\_\_\_\_ 4. Description of the plan for educating and training underwriters and other personnel against fraud.

\_\_\_\_\_ 5. Description or chart of the organizational arrangement of the personnel responsible for detecting and investigating possible violations of Section 31A-36-113 and for resolving material inconsistencies between medical records and applications for insurance.

I certify that I have reviewed the Utah Life Settlements Act and to the best of my knowledge, the attached Antifraud Plan is complete and accurate.

\_\_\_\_\_  
**Signature of authorized person**

\_\_\_\_\_  
**Title    Date**